1. DATE - TIME GROUP 24 June 65 25/0015Z	2. LOCATION Troy, Ohio	
3. SOURCE Civilian	Astronomical (VENUS) Object reported in position of VENUS and disa	
4. NUMBER OF OBJECTS One	Object reported in position of VENUS and disa with the setting of this Planet. VENUS at 7h between 290 and 300 deg azimuth setting at at	24m, 5 deg elevation
5. LENGTH OF OBSERVATION 45 Minutes 6. TYPE OF OBSERVATION Ground-Visual	Sighting at late dusk with the sun going dappeared as a light brighter than stars. Observed in West. Motion to the NW and We moon. Large light speed varied in notion.	Appeared stationary.
7. COURSE West		
8. PHOTOS		
9. PHYSICAL EVIDENCE		

FORM
FTD SEP 63 0-329 (TDE) Provious editions of this form may be used.

· · · Venus / 76 24M 5° ecer 2700-300° 19/

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

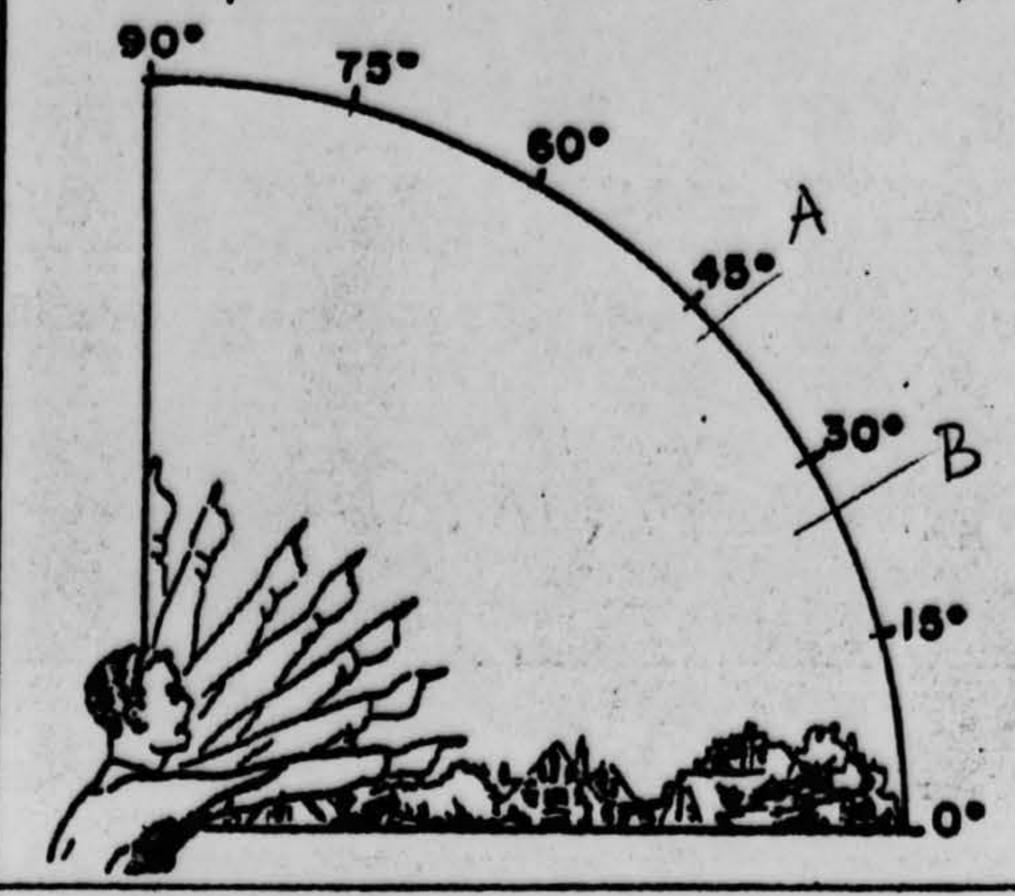
1. When did you see the object? 24 Day Month Year	2. Time of day: 2015 Hour Minutes (Circle One): A.M. or P.M.
3. Time Zone: (Circle One): a. Eastern b. Central c. Mountain d. Pacific e. Other	(Circle One): a. Daylight Saving b. Standard
4. Where were you when you saw the object?	
57	TROY 6H10
Nearest Postal Address	City or Town State or County
5. How long was object in sight? (Total Duratio	n) 4 45 Hours Minutes Seconds
a. Certain	c. Not very sure
b. Fairly certain	d. Just a guess .
5.1 How was time in sight determined?	WATCH
5.2 Was object in sight continuously?	Yes No
6. What was the condition of the sky? DAY a. Bright b. Cloudy	NIGHT Late desk a. Bright b. Cloudy
7. IF you saw the object during DAYLIGHT, wh	are was the SUN located as you looked at the object?
(Circle One): a. In front of you b. In back of you c. To your right	d. To your left e. Overhead f. Don't remember

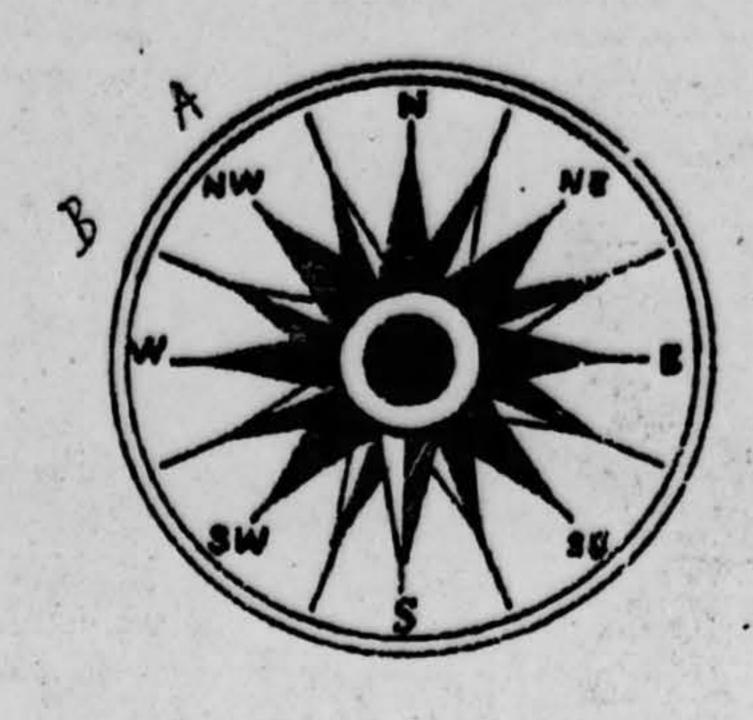
	8.2 MOON (Circle One):
O. None	a. Bright moonlight
b. A few	b. Dull moonlight
c. Many	c. No moonlight - pitch dark
d. Don't remember	d. Don't remember
9. What were the weather conditions at th	e time you saw the object?
CLOUDS (Circle One):	WEATHER (Circle One):
a. Clear sky	(a. Dry)
b. Hazy	b. Fog, mist, or light rain
c. Scattered clouds	
d. Thick or heavy clouds	c. Moderate or heavy rain d. Snow
G. THICK OF HEOVY CIOUDS	e. Don't remember
10. The object appeared: (Circle One):	
a. Solid b. Transparent e. Don	
D I CONTROL A DAY	't remember
c. Vapor 11. If it appeared as a light, was it brighte a. Brighter b. Dimmer	c. About the same
11. If it appeared as a light, was it brights	c. About the same d. Don't know
11. If it appeared as a light, was it brighte a. Brighter b. Dimmer 11.1 Compare brightness to some comm auful wight	c. About the same d. Don't know non object: e. Other
11. If it appeared as a light, was it brighte a. Brighter b. Dimmer 11.1 Compare brightness to some community 12. The edges of the object were: (Circle One). a. Fuzzy or blurred b. Like a bright stor c. Sharply outlined	c. About the same d. Don't know non object: e. Other
11. If it appeared as a light, was it brights a. Brighter b. Dimmer 11.1 Compare brightness to some comm a. J.	c. About the same d. Don't know non object: e. Other (Circle One for each question) Yes No Don't know
11. If it appeared as a light, was it brighte a. Brighter b. Dimmer 11.1 Compare brightness to some comm and head of the object were: (Circle One). a. Fuzzy or blurred b. Like a bright star c. Sharply outlined d. Don't remember 13. Did the object:	c. About the same d. Don't know non object: e. Other (Circle One for each question) Yes No Don't know
11. If it appeared as a light, was it brights a. Brighter b. Dimmer 11.1 Compare brightness to some comm And Angular State b. Like a bright star c. Sharply outlined d. Don't remember 13. Did the object: a. Appear to stand still at any time? b. Suddenly speed up and rush away c. Break up into parts or explode?	c. About the same d. Don't know non object: e. Other (Circle One for each question) Yes No Don't know
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14. Did the object disappear while you were watching it? If so, how? start of west and then North West more slowly from distance and finally west
from distance and finally West
15. Did the object move behind something at any time, particularly a cloud?
(Circle One): Yes (No) Don't Know. IF you answered YES, then tell what it moved behind:
16. Did the object move in front of something at any time, particularly a cloud?
(Circle One): Yes (No) Don't Know. IF you answered YES, then tell winds in front of:
17. Tell in a few words the following things about the object: a. Sound
b. Color white and turned red.
18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head? No size of moon.
19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

(Circle One) Yes No what speed would you estimate?						
(Circle One)	Yes No					
(Circle One): (a) Inside a building b. In a car c. Outdoors d. In an airplane (type e. At sea f. Other		a. In the business b. In the resident c. In open count d. Near an airfie e. Flying over a f. Flying over a g. Other	ss section of a city? Itial section of a city? Tyside? Id? city? pen country?			
24.1 What direction was a. North b. Northeast 24.2 How fast were ye	c. East d. Southeast ou moving? u moving? ny time while you were loved to the control of the c	e. South f. Southwest miles per hour. oking at the object?	g. West h. Northwest			
Did you observe the observe th	ject through any of the fol Yes No Yes No Yes No Yes No	lowing? e. Binoculars Yes f. Telescope Yes g. Theodolite Yes h. Other	No 20 × 50 No No			
	, when placed up in the sl		cribe in your awn words a commo			

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.





28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



31.1 IF you answered YES, did they see the object too? (Circle One) 31.2 Please list their names and addresses: 163 Some as 32 173 Some as 32 184 PlauA, OHIO Please give the following information about yourself: NAME
Please give the following information about yourself: NAME Last Name First Name ADDRESS TROY City Zone State TELEPHONE NUMBER AGE AGE AGE AGE AGE AGE AGE A
Please give the following information about yourself: NAME Last Name First Name Middle Name ADDRESS Street City Zone State TELEPHONE NUMBER AGE AGE AGE AGE AGE AGE AGE A
Please give the following information about yourself: NAME Last Name First Name Middle Name ADDRESS TROY City Zone State TELEPHONE NUMBER AGE AGE AGE AGE AGE AGE AGE A
Please give the following information about yourself: NAME Last Name First Name Middle Name ADDRESS Street City Zene State Indicate any additional information about yourself, including any special experience, which might be proportional information about yourself, including any special experience, which might be proportional information about yourself, including any special experience, which might be proportional information about yourself, including any special experience, which might be proportional information about yourself, including any special experience, which might be proportional information about yourself, including any special experience, which might be proportional information about yourself.
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NAME Last Name First Name Middle Name ADDRESS Street City Zone State TELEPHONE NUMBER AGE AGE AGE AGE AGE AGE Indicate any additional information about yourself, including any special experience, which might be p
NAME Last Name First Name Middle Name ADDRESS Street City Zone State TELEPHONE NUMBER AGE AGE AGE AGE AGE AGE Including any special experience, which might be p
ADDRESS Street TROY City Zone State TELEPHONE NUMBER AGE AGE AGE AGE AGE AGE AGE A
ADDRESS Street City Zone State TELEPHONE NUMBER AGE 46 SEX Indicate any additional information about yourself, including any special experience, which might be presented and additional information about yourself, including any special experience, which might be presented and additional information about yourself, including any special experience, which might be presented.
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ndicate any additional information about yourself, including any special experience, which might be p
NONE

34. Date you completed this questionnaire:	24	June	66	
	Dey	Month	Your	

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

NONE